Please submit completed application to: Nash County Planning & Inspections Department

120 West Washington Street, Suite 2110

Nashville, NC 27856 Phone: 252-459-9809

For Staff Use Only:		/ : : a.m. / p.m.
	• •	Complete Incomplete - Missing Information:
Homeowner Informa	ntion:	
Name:		Phone Number (Primary): ()
Mailing Address:		Phone Number (Other): ()
		Email (Optional):
Abandoned Manufactured Home Information:		
Type: [ ] Single-W	ide Model Na	me:
[ ] Double-V	Vide Serial Nur	mber:
Length: Ft.	Ft. Location of Home (Address, Tax Parcel #, or General Description):	
Width: Ft.		
Ownership Documentation: Attach documentation identifying the applicant as the owner of the manufactured		
home (for example, a copy of the title, bill of sale, or tax listing.)		
Agreement/Consent	<u>!</u>	
By signing this application, I/we certify that I am/we are the owner of the manufactured home with the authority to		
authorize its removal; that it is vacant, dilapidated, and not fire-damaged; and that it was not brought into Nash		
County for the purpose of being included in this program. I/we grant permission for County staff and/or contractors to		
inspect the home and site as necessary. I/we understand that if selected to participate in the program, it is my/our		
responsibility to pay for cost overages not covered by the program (as agreed upon prior to demolition); to remove all		
personal items and to	disconnect all utilities from	n the home prior to deconstruction; and to provide reasonable access
to the home for truck	ks and heavy equipment. I/w	ve acknowledge that any violation of the terms of this program voids
participation.		
		, .
	wner's Signature	